Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Beechlawn House Nursing Home
Name of provider:	Congregation of Our Lady of Charity of the Good Shepherd
Address of centre:	Beechlawn House Nursing Home, High Park, Grace Park Road, Drumcondra, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	22 January 2024
Centre ID:	OSV-0000115
Fieldwork ID:	MON-0041428

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Beechlawn House Nursing Home can accommodate up to 56 residents and provides care in the ethos of the Congregation of Our Lady of Charity of the Good Shepard. The centre is primarily for religious sisters and females over 65 years old, however women under 65 can be accommodated also. The home comprises of 41 single ensuite bedrooms and 8 twin rooms and is divided into 3 wings. Each wing has its own lounge room, dining area and activity space. Medical and nursing care is provided on a 24-hour basis for residents with low to maximum dependency needs. There is an oratory and a large, secure garden area in addition to internal courtyards available for residents use. Physiotherapy, chiropody, optician and dental services are available and can be arranged for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 22 January 2024	08:40hrs to 17:35hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

From the inspector's observations and from what residents told them, it was clear that the residents received a high standard of quality and personalised care living in Beechlawn House. Feedback from residents and visitors, who the inspector spoke with, was that the staff were 'caring' and 'helpful', and that residents' choices were respected.

Upon entering the designated centre, the inspector was met by the receptionist and completed the signing-in process. Following an introductory meeting with the person in charge and the two clinical nurse managers, the inspector was guided on a tour of the building. The centre is laid out over three units on the ground floor, the Grafton wing, the O'Connell wing and the Liffey wing. The Liffey wing also has a first floor. Bedroom accommodation was laid out across all three units and comprised of 41 single bedrooms and 8 twin rooms, all with en-suite toilet and shower facilities. Residents were supported to personalise their bedrooms, with items such as photographs, artwork, bed linen, personal belongings and furniture. Bedrooms were seen to be clean and residents reported being happy with their bedroom accommodation.

Residents had access to a number of communal day spaces and a dining room on each unit. There was additional communal spaces such as an oratory, activity room and two enclosed gardens on the ground floor. Communal spaces were observed to be suited to their purpose. The building was bright, warm and nicely decorated. Artwork of Dublin city was displayed in the hallways and were specific to the unit in which they were displayed. For example, the Liffey wing had pictures of landmarks associated with the Liffey and the O'Connell wing had pictures of different areas and landmarks on O'Connell St. This helped residents identify what part of the centre they were in.

Mass was held daily in the Oratory and many residents were seen to choose to attend, on the day of inspection. After mass there was a programme of activities throughout the day available to residents. Throughout the inspection residents were observed to participate in these activities including excersices and sing a longs. Staff were also seen to attend to the social needs of residents who chose not to participate in group activities. In the afternoon staff were observed visiting these residents with the centres' daily newsletter, fondly called "The daily sparkle". This newsletter included reminiscence articles, current affair articles and puzzle activities. Residents were clearly seen to enjoy reading and discussing the newsletter articles with staff.

There were two enclosed outdoor spaces accessible to residents. One was a smaller enclosed courtyard area that had a small pond with fish in it. A little bridge went over the pond which served as a visual focal point as well as an area where residents could observe the fish in the pond. There were also flower beds and outdoor seating in this area. Around the perimeter of the centre was a larger well

maintained garden area with outdoor seating and paths for walking, suitable for residents who require mobility aids.

The inspector observed that dinnertime in the centre's dining rooms was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. The tables were neatly laid and a daily menu was displayed on each table. Food was cooked fresh in the centre. The food was served freshly in the dining room and residents could choose how much food they wanted on their plates. Staff were observed to go around to residents, with visual ability, with two small sample plates of the food choices for dinner so residents could see the choices and communicate their choice, both verbally and non verbally. Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind and respectful. Feedback from residents was positive. They reported to enjoy the meals and said that portions were plentiful.

The inspector observed numerous interactions where staff were gentle, patient and kind to residents. Residents told inspectors that the staff were “lovely” and “great”. The inspector spoke with many residents on the day of the inspection, all whom expressed a high level of satisfaction with the care and service that they received living in Beechlawn house. One resident said "it's seldom you'd have a complaint about living here". While another resident said "they do their very best here and I'm very happy here".

Visitors were observed visiting , without restriction throughout the day. One visitor spoke with the inspectors and said they felt free to come and visit their relative whenever they wanted and always felt welcomed. All visitors who spoke with the inspector expressed satisfaction with the care their loved one received living in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, residents living in the centre were supported to live a good quality of life by a team of staff committed to meet their needs and ensure their safety. The inspectors observed a high quality service being delivered to residents. There were effective management systems in this centre, and the management team was proactive in responding to issues as they arose. However, some improvements were required in the management systems in place to ensure that there was effective oversight within the designated centre.

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). The inspection also followed up on the compliance plan from the last inspection in January 2023, and information received about the designated centre by the Chief Inspector. Since the previous inspection the registered provider of the centre had changed to the Congregation of Our Lady of Charity of the Good Shepard, following the merger of the original registered provider with another unincorporated body. There was also a new person in charge and new person participating in management, both in their roles since July 2023.

The person in charge was a registered nurse who was full time in post and had the necessary experience and qualifications as required by the regulations.They engaged positively with the inspector during this inspection. The person in charge was supported in their role by an assistant director of nursing, two clinical nurse managers and members of the registered providers management team. Both residents and visitors knew the new person in charge an were complimentary about the improvements in the centre since they were appointed to the role.

There were sufficient resources in place in the centre to ensure the effective delivery of high-quality care and support to residents. Staffing and skill-mix were appropriate to meet the assessed needs of the residents.There was one staff vacancy, which was for a second activity co-ordinator. This was an extra resource being added to their staffing levels.

Staff were supported to attend mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse. There was a system in place to oversee this training and highlight when staff required refresher training. Supplementary training was also offered to staff in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), restrictive practices and end of life care. There was a suite of Schedule 5 policies in place. The policies were reviewed and updated as required. Staff had access to these policies at all times.

There was an accessible and effective procedure in place for dealing with complaints which was displayed throughout the designated centre. This procedure had been updated to incorporate amendments made to Regulation 34. The inspector reviewed the complaints log and found that all complaints were recorded and dealt with in line with the centre's policy. There was a noted decline in the number of complaints made since July last year.

The nursing management team used a comprehensive audit tool to monitor the care and service delivered to residents. For example, monthly audits on falls and restraints were completed, reviewed and used to develop quality improvement plans that enhanced the service delivered to residents. However, the systems in place to monitor the oversight of fire doors in the centre had failed to identify issues with both some internal and external fire doors. This is further discussed under regulation 23: Governance and Management

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training provided to staff was up to date and there was a training plan in place for further refresher training to ensure that staff maintained sufficient knowledge for their roles.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had failed to ensure that the service provided was safe, appropriate, consistent and effectively monitored.For example:

- The system of auditing in place was not robust enough to provide adequate detail and action plans to minimise risks identified in the centre. Daily, weekly, monthly and yearly checks did not provide assurance that the management systems in place at the centre were effectively monitoring fire safety devices. Numerous fire doors throughout the centre had large gaps around them.This was not being picked up on the weekly fire door checks.
- The management systems in place for recording fire safety checks was not clear, as the information was recorded in multiple locations and there was no oversight of the risks.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contracts for the provision of services did not detail the occupancy level related to the bedroom the resident was residing in. Furthermore, one contract, viewed on the day, did not include the number of the room being occupied by the resident.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incident and accident records confirmed that all incidents had been reported to the Chief Inspector as required under the regulations within the specified time periods.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy and procedure had recently been reviewed and updated to reflect the recent regulatory changes. Evidence was seen by inspectors that procedures were in place to ensure any complaints received were promptly investigated and managed in line with the centre's complaints policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had up-to-date policies and procedures on matters set out in Schedule 5. These were available to all staff working in the centre.

Judgment: Compliant

Quality and safety

The inspector found that the residents were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents. The inspectors observed that the staff treated residents with respect and kindness throughout the inspection. However, further improvements were required in relation to protection and fire safety.

The layout of the premises promoted a good quality of life for residents. The centre was clean and well-maintained and the premises was suitable for the needs of the residents living there. The registered provider had addressed all issues, with premises, identified on the previous inspection, including fitting more clinical hand wash sinks around the centre.

For residents who required it, staff were available to provide assistance with their meals. The inspector observed that staff discreetly provided assistance and spoke with resident's regarding their daily lives. Care plans reflected the dietary and specialist needs of residents around food and nutrition. Residents had access to dietitcan's and speech and language therapy services.

Staff were observed to appropriately communicate with residents who had communication difficulties. They afforded time to the resident to express themselves and did not hurry them. A review of the resident's records showed that when a resident had a communication difficulty, it was appropriately assessed, and all relevant information was recorded in a personalised care plan. The care plan was regularly reviewed and updated to reflect any changes to the resident's communication needs.

Pharmacy services were provided by an external contractor and there was a digital system of medication administration in operation in the centre. Fridge storage for medication had a record of daily temperature recordings. Storage of medication had improved since the findings of the previous inspection. Regular medication audits were carried out with clear learning and action plans recorded.

Notwithstanding the provider's efforts to ensure fire safety in the designated centre, the inspector found that the registered provider had not taken all adequate precautions against the risk of fire and containment of fires, in the event of a fire. Significant containment issues were found throughout the centre. This is further discussed under regulation 28: Fire precautions.

All staff were trained and knowledgeable in relation to the detection and prevention of abuse. The inspector followed up on documentation relating to recent notifications submitted to the Chief Inspector relating to allegations of abuse. Inspectors were not assured that all reasonable measures were in place to protect residents from abuse. This is further discussed under Regulation 8: Protection.

Regulation 10: Communication difficulties

Residents' with communication difficulties were being facilitated to communicate freely. Their care plans reflected residents' personal needs with communication difficulties and were appropriately reviewed and updated. All residents had access to audiology, ophthalmology and speech and language services, as required.

Judgment: Compliant

Regulation 17: Premises

Overall the premises conformed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met. There was adequate supervision and assistance provided to those who required it at mealtimes. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector was not assured that the registered provider had taken all reasonable actions to ensure that residents were appropriately protected from the risk of fire. The Inspector identified the following areas that required action to ensure that adequate fire safety precautions were in place;

- The inspector tested some sets of fire doors throughout the centre and found that they were inadequate at providing safe containment and protection against the spread of fumes, smoke and flames in the event of a fire. The inspector observed large gaps under and above these fire doors.This had not been identified on monthly local checks recorded as having been completed. This posed a significant risk to containment of fire and smoke in the event of a fire.
- Many external doors around the centre had large gaps at the bottom allowing significant draughts into the centre. This would again prevent adequate containment in the event of a fire and furthermore would provide a source of air to feed a fire should it be located close to that area.
- The inspector found that ceiling tiles had been removed in one area of the centre to facilitate electrical work and hadn't been put back in place, this was addressed on the day of inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 8: Protection

The inspector was not assured that the registered provider had taken all reasonable measures to protect residents from abuse. For example;

- Two notifications had recently been submitted to the office of the chief inspector regarding significant safe-guarding incident. However, there was no appropriate safe-guarding care plans put in place to reduce the risk of reoccurance or to direct staff should such an incidence reoccur. A care plan was put in place on the day of inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Beechlawn House Nursing Home OSV-0000115

Inspection ID: MON-0041428

Date of inspection: 22/01/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: There is now a fire safety committee in place, the committee will meet quarterly in a recorded meeting. A weekly fire check list completed by a fire Marshall and signed off by a member of the senior management team. A monthly audit of all checks is now in place, Section 1 of the audit is to ensure all documentation, emergency exit, fire doors and equipment is checked. Section 2 refers to fire drills, training and risk. This audit will feed into the monthly KPI which will be presented to the Board of Management. Any concerns identified at audit stage are escalated to the Registered Provider Representative and actioned immediately. There is now one point for all data logging in relation to fire. This is entered in the fire and general register book located at the fire panel in the main reception.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: A full review of the Contracts of Care has taken place by the Person participating in Management and Senior administrator. Contracts have been corrected and amended ensuring all details are in line with regulation 24. The amended contracts have been sent to Residents/NOK/Other relevant parties for their signatures.	

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
There are new fire doors to the main entrance and staff entrance/service door on order since 10/01/2024, these doors are due to fitted on the week on the 04/03/2024.

Fire exit doors on the O'Connell and Grafton care area were ordered on the day of inspection and will also be fitted on the week on the 04/03/2024.

An enteral fire door review was completed by a fire specialist on the 24/01/2024 all works to be completed on the 19/02/2024.

A consultation for a fire safety review has been arranged with an external fire specialist to assess any potential risks within Beechlawn home.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Beechlawn Nursing Home remains engaged with consultant Social Worker for Beechlawn Nursing Home to upkeep with best practice for the care and welfare of our residents. The Social work attend the home one day per month and is always available by phone.

Monthly care plan audit now directs a question on safeguarding care planning. To Ensure clear and accurate direction is given to all staff members and grades.

All staff members complete in-person and online training on safeguarding in line with our local and national policy.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	22/02/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall	Substantially Compliant	Yellow	22/02/2024

	reside in that centre.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	22/02/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	22/02/2024